

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name

U.S. Chamber of Commerce

(b) Address (number and street) ☐ check if different than previously reported

1615 H Street, NW

(c) City, State and ZIP Code

Washington DC 20062

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C30001101

### 3. Is This Statement

☒ New

or

☐ Amended

### 4. Covering Period

08/31/2010 through

09/08/2010

### 5. (a) Date of Public Distribution(s)

09/08/2010

### (b) Communication Title

"Can't Work" TV Ad - San Diego

### 6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify: \_\_\_\_\_

### 7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes ☐ No ☐

### 8. Custodian of Records

(a) Name

James W. Robinson

(b) Address (number and street)

1615 H Street, NW

(c) City, State and ZIP Code

Washington DC 20062

(d) Name of Employer or Principal Place of Business

U.S. Chamber of Commerce

(e) Occupation

Senior Vice President

### 9. Total Donations This Statement

0.00

### 10. Total Disbursements/Obligations This Statement

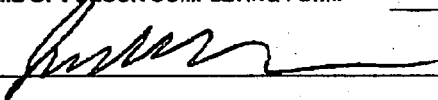
253,756.50

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

James W. Robinson

SIGNATURE



DATE

Sept 8, 2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV. 12/2007)

**List of Person(s) Sharing/Exercising Control**  
(use additional pages as necessary)

PAGE 2 OF 3

**11. Person(s) Sharing/Exercising Control**

<b>A.</b> (a) Name <span style="font-size: 1.2em;">Bill Miller</span>	
(b) Address (number and street) <span style="font-size: 1.2em;">1615 H Street, NW</span>	
(c) City, State and ZIP Code <span style="font-size: 1.2em;">Washington DC 20062</span>	
(d) Name of Employer or Principal Place of Business <span style="font-size: 1.2em;">U.S. Chamber of Commerce</span>	(e) Occupation <span style="font-size: 1.2em;">Senior Vice President</span>
<b>B.</b> (a) Name <span style="font-size: 1.2em;">James W. Robinson</span>	
(b) Address (number and street) <span style="font-size: 1.2em;">1615 H Street, NW</span>	
(c) City, State and ZIP Code <span style="font-size: 1.2em;">Washington, DC 20062</span>	
(d) Name of Employer or Principal Place of Business <span style="font-size: 1.2em;">U.S. Chamber of Commerce</span>	(e) Occupation <span style="font-size: 1.2em;">Senior Vice President</span>
<b>C.</b> (a) Name  	
(b) Address (number and street)  	
(c) City, State and ZIP Code  	
(d) Name of Employer or Principal Place of Business  	(e) Occupation  
<b>D.</b> (a) Name  	
(b) Address (number and street)  	
(c) City, State and ZIP Code  	
(d) Name of Employer or Principal Place of Business  	(e) Occupation  
<b>E.</b> (a) Name  	
(b) Address (number and street)  	
(c) City, State and ZIP Code  	
(d) Name of Employer or Principal Place of Business  	(e) Occupation  

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

PAGE **3** OF **3**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <u>Mentzer Media</u>				<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px;">08/31/2010</div>	
<b>Mailing Address of Payee</b> <u>600 Fairmount Avenue</u>				<b>Amount</b> <div style="border: 1px solid black; padding: 2px;">24,300.00</div>	
<b>City</b> <u>Towson</u>	<b>State</b> <u>MD</u>	<b>Zip Code</b> <u>21286</u>		<b>Communication Date</b> <div style="border: 1px solid black; padding: 2px;">09/08/2010</div>	
<b>Name of Employer</b> 				<b>Occupation</b> 	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> <u>"Can't Work" TV ad - San Diego</u>					
<b>Name of Federal Candidate</b> <u>Barbara Boxer</u>		<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> <u>CA</u> <b>District:</b> _____	
<b>Name of Federal Candidate</b> 		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____	
<b>Name of Federal Candidate</b> 		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____	
<b>Name of Federal Candidate</b> 		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____	
<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____					

<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <u>McCarthy Marcus Hennings</u>				<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px;">09/07/2010</div>	
<b>Mailing Address of Payee</b> <u>1850 M Street, NW, Suite 235</u>				<b>Amount</b> <div style="border: 1px solid black; padding: 2px;">10,756.50</div>	
<b>City</b> <u>Washington</u>	<b>State</b> <u>DC</u>	<b>Zip Code</b> <u>20036</u>		<b>Communication Date</b> <div style="border: 1px solid black; padding: 2px;">09/08/2010</div>	
<b>Name of Employer</b> 				<b>Occupation</b> 	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> <u>"Can't Work" TV ad - San Diego</u>					
<b>Name of Federal Candidate</b> <u>Barbara Boxer</u>		<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> <u>CA</u> <b>District:</b> _____	
<b>Name of Federal Candidate</b> 		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____	
<b>Name of Federal Candidate</b> 		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____	
<b>Name of Federal Candidate</b> 		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____	
<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____					

<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>		<div style="border: 1px solid black; padding: 2px;">25,375.65</div>
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)		<div style="border: 1px solid black; padding: 2px;">25,375.65</div>

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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